Foster Family Home - Corrective Action Report

Provider ID:

1-110056

Home Name:

Menchie Dawang, CNA

Review ID:

1-110056-7

94-360 Haaa St

Reviewer:

Waipahu

96797

Begin Date

12/15/2015

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

6 (d)(1)

Comply with all applicable requirements in this chapter; and

Comment

Home visit for a 3 person recertification review made on 12/15/15. No Corrective Action Report issued during home visit.



Compliance Manager

Primary Care Giver

12/15/2015 18:12 PM